

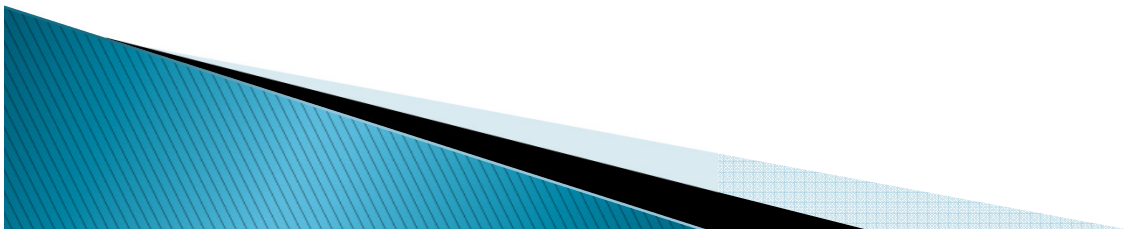
Community Participation Services

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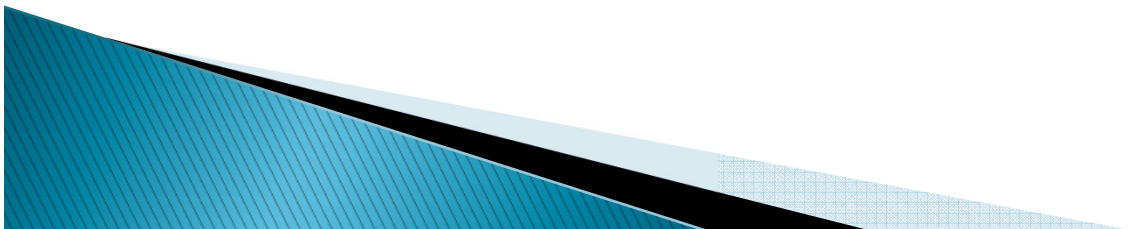
Timeline of Events

- ▶ Fall 2013: New CPS Rule Approved
- ▶ Dec 2013: CPS Go-To-Meetings take place
- ▶ Jan 2014: New CPS expectations in place



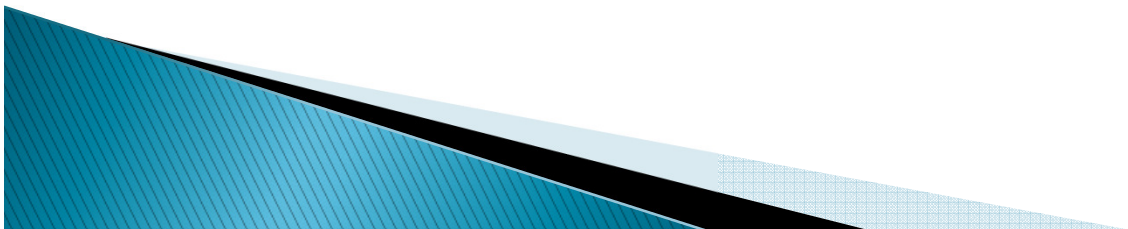
Timeline of Events

- ▶ April 2014: CPS Survey completed by BDS
 - Lack of understanding of the connection between the service agreement and CPS services/activities
 - Confusion regarding the 80%/20% split
 - Lack of understanding regarding importance of weekly schedule
 - Interest in combining weekly schedules/billing
 - Challenges RE: shared supports, limited funding



Timeline of Events

- ▶ Jan 2015: BDS/HFA sent out a CPS guidance document
 - Community Care Waiver (Medicaid) Requirements
 - Daily documentation and billing
 - Specified / Unspecified Activities
 - Importance of the service agreement in regard to CPS
 - Pairings
 - Home providers and staff who provide CPS
 - Oversight and quality improvement of CPS



Community Care Waiver

- ▶ CMS defines day habilitation as “assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills which take place in a non-residential setting, separate from the home in which the individual resides”.



CCW (continued)

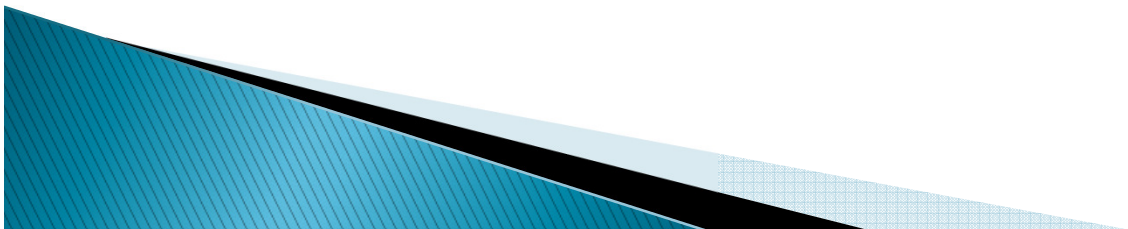
▶ Day Services:

- “shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies” in SA
- “shall afford opportunities to participate in a wide variety of experiences in settings that are available to the general public, as well as opportunities to become aware of and use community services and resources”
- “may be provided in any setting which is in accordance with an individual’s service agreement”



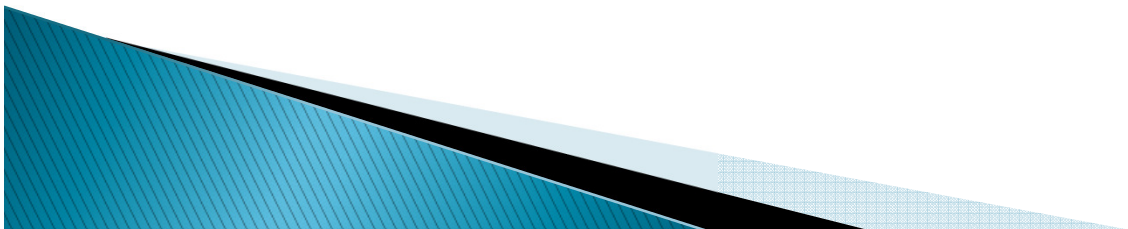
The Service Agreement

- ▶ The personal profile and goals in the service agreement for each individual should dictate what the primary activities should be.
- ▶ Specified/structured SA related activities shall must represent at least 80% of the individual's weekly schedule.
- ▶ 100% of an individual's services must be Medicaid fundable services and relate to the individual's Service Agreement.



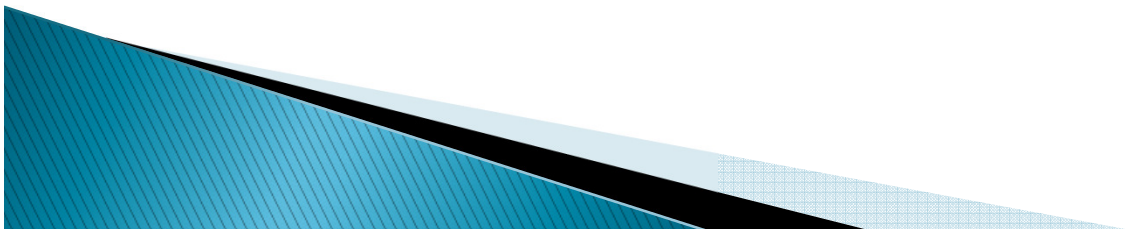
Service Agreement (continued)

- ▶ “Given that CPS service agreements should be based on principles that emphasize community participation, the issue regarding whether or not individuals go to a centralized site on any given day is less relevant than the services that are being provided”.
- ▶ “Appropriately written SA’s would preclude long periods of time spent in activities (or settings) that are not related to the individual’s personal profile or goals”.
- ▶ “One would not expect to see an SA written such that an individual’s time would be spent in non-integrated settings participating in generic activities that have no relationship to their personal profile or goals”.



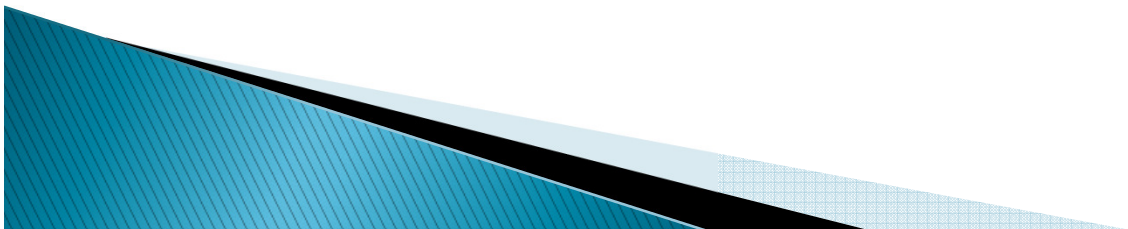
Schedules

- ▶ Everyone must have a weekly schedule that includes the days, times, and locations of the individual's paid employment, community activities, volunteerism, or internship, and other regularly recurring activities.
- ▶ Again, specified activities must make up at least 80% of the weekly schedule.



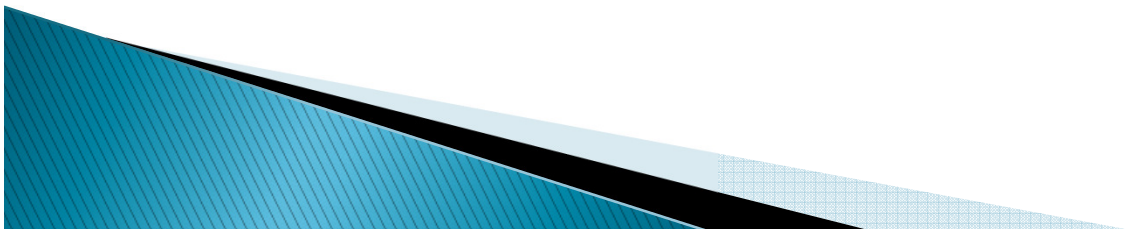
Daily Documentation

- ▶ For each and every day that CPS services are billed, there must be a record of daily community participation services activities maintained by the provider agency that includes:
 - The name of the individual served and the name(s) of the staff supporting them
 - The date that the activities took place
 - Activities that took place, including locations
 - Number of hours/units of CPS provided that day



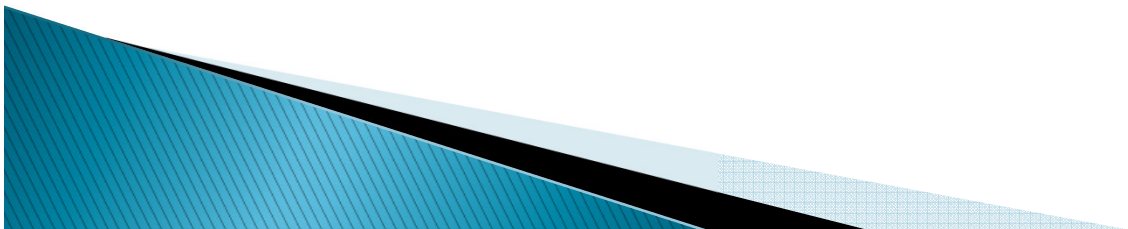
Individual Pairings

- ▶ “We recognize that many individuals do not have 1:1 day services. Regardless, it is a basic expectation that if individuals are so incompatible that you cannot reconcile their interests with the others they are spending time with, then that pairing should be re-evaluated.”



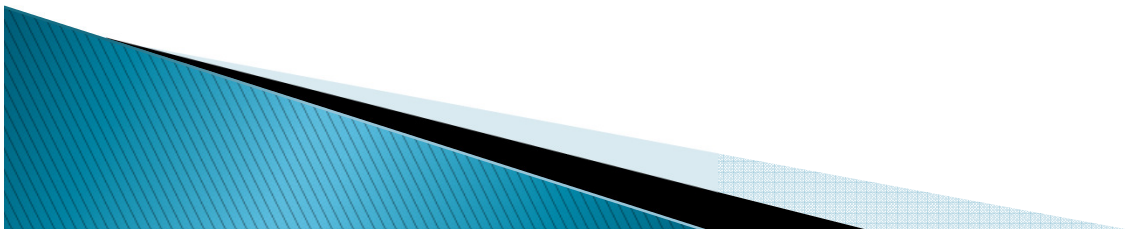
Provider / Staff Expectations

- ▶ CPS expectations are the same for both staff and home providers
- ▶ CPS out of the home are typically 1:1 services, meaning there is an expectation of a high degree of meaningful activities being provided and documented, based on the personal profile and goals
- ▶ CPS out of the home can and should take place any time of day, any day of the week
- ▶ CPS staff and home providers need to be involved in the development of the SA



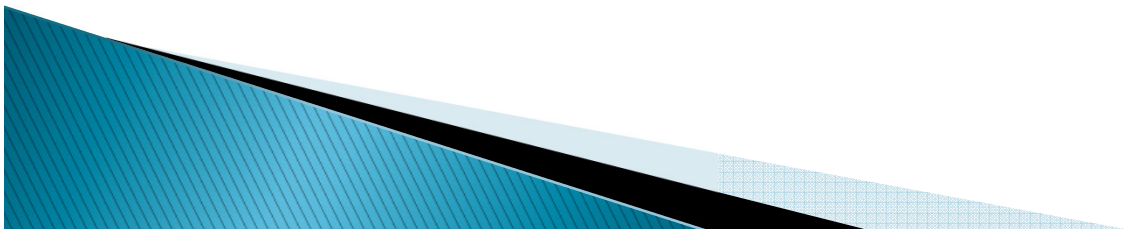
Home-based vs. Facility-based

- ▶ Services should be based out of the home only if the individual's CPS services are provided by the home provider or staff who work in the home.
- ▶ If a staff person picks up the individual at their home and brings them home at the end of the day, then those services should be based out of the certified CPS site.
- ▶ Home providers should not be subcontracting the CPS services that they are contracted to provide.



Oversight and Quality Improvement

- ▶ The CPS director shall “evaluate, facilitate, and improve the quality of services being delivered and outcomes achieved”.
- ▶ Service Coordinator shall provide oversight of CPS service arrangement and shall review and facilitate the effectiveness of CPS services and the outcomes achieved.



Oversight and Quality Improvement

- ▶ To fulfill responsibilities, CPS director and the individual's service coordinator ensure that:
 - Services are customized, and meet interests and goals defined in the service agreement
 - Goals reflect the individual's growth and evolving interests, and are revised accordingly
 - Goals and outcomes in SA are being achieved
 - Staff are knowledgeable of the SA goals and desired outcomes
 - Services occur in integrated settings
 - Methods for achieving goals and outcomes are evident and documented
 - The individual's schedule is present and accurate
 - Individuals (and guardians) are satisfied with services



Questions?